Introduction
Sequential lesions of the common carotid artery and innominate artery pose formidable technical challenges to endovascular treatment. Concomitant subclavian artery disease increases the level of difficulty for endovascular intervention. We present a case of complete endovascular management of tandem common carotid and innominate artery stenosis.

Case report
A 86 year old female with an extensive past medical history including known left subclavian occlusion presented with posterior circulation hypoperfusion syndrome. Imaging revealed severely calcified high-grade stenosis at the origin of the innominate artery with significant tandem high-grade stenoses of the right common carotid artery, a patent right ICA, along with tandem eccentric calcified 90% ostial and mid stenoses of the right subclavian artery. Given the amount of calcification in the right subclavian and innominate arteries, right brachial arterial access was obtained in case distal innominate bifurcation stenting was required. From the right femoral access, the innominate stenosis was traversed with wire placement into the right common carotid artery. PTA of the proximal innominate was achieved followed by distal embolic protection device delivery in the right internal carotid artery.

Case report
The common carotid artery stenosis was treated with balloon angioplasty and self-expanding stents. The proximal innominate was then treated with a balloon expandable stent.

Discussion
Surgical treatment of complex upper extremity vascular disease is not always possible. Complex brachiocephalic disease can be successfully completed by endovascular means even in high risk individuals.